RI SOS Filing Number: 202033702180 Date: 2/3/2020 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Div				1	FILED		
Annual Report years ye			FEB 0 3 2020 11				
Corporation	_	•		TUM			
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00					BK-Z	2900	
→ Penalty: Additional \$25.00 fe							
1. Entity ID Number 000122030	2. Exact name of the Corporation DEANCO, INC.						
3. Principal Office Address City State Zip							
295 HUNTINGTON AVENUE			PROVIDEN	CE	RI	02909	
4. NAICS Code		6. Brief description of the character of business conducted in Rho					
423110	AUTO SALES						
5. State of Incorporation RI							
7. List ALL officers (names and add	resses) Check the box to indicate an attachment						
President Name DEAN DEFUSCO			Vice-Presiden	Vice-President Name KEVIN DEFUSCO			
Street Address 295 HUNTINGTON A							
			Street Address 295 HUNTINGTON AVENUE				
City PROVIDENCE	RI	Zip 02909	City PROVID	ENCE	State RI	^{Z_ip} 02909	
Secretary Name			Treasurer Nar	Treasurer Name			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment			
Director Name Director Name							
Street Address			Street Address				
Cily State Zip			City	City State Zip			
Director Name	L						
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	 -	State	Zip	
9. Shares Authorized	L	10. Shares Iss	ued	Check the	he box to ir	ndicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Changes require an additional filing.		50		COMMON		0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative			Date				
DEAN DEFUSCO - PRESIDENT				1-25-2020			
Signature of Authorized Representative SIGN DOCUMENT HERE							

MAL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov